



Form CLS-IP21 (wes0906)
Approved for use through 3/31/2007

W2168
Box See

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

MAIL STOP	Amendment	APPLICATION NUMBER	09/558,232
		FILING DATE	4/26/2000
		APPLICANT(S)	David M. MANYAK et al.
		ART UNIT	2168
		EXAMINER	Cheyne D. LY
		ATTORNEY DOCKET NUMBER	900/00310

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal	<input type="checkbox"/> PTO-1595 Recordation Form Cover	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Assignment (___ sheet(s))	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Merger/Name Change Certificate	<input type="checkbox"/> Appeal Brief
<input type="checkbox"/> Election/Restriction Requirement	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Reply Brief
<input type="checkbox"/> After Final	<input type="checkbox"/> Statement Under 37 CFR 3.73(b)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Missing Parts/Incomplete Application	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Other enclosure(s) identified below:
<input checked="" type="checkbox"/> Extension of Time Request (3 month(s))	<input type="checkbox"/> Revive Application	Sequence Listing (printout and computer-readable form (floppy disc)); Statement Under 37 CFR 1.821(f)
<input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08	<input type="checkbox"/> Withdraw	
<input type="checkbox"/> Drawings (___ sheet(s))	<input type="checkbox"/> Request	
<input type="checkbox"/> Declaration (___ sheet(s))	<input type="checkbox"/> Correction	
<input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> Refund	

REMARKS

The Commissioner is hereby authorized to charge any deficiency(ies) of fee(s) found to be required for this filing, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	CALIPER LIFE SCIENCES, INC.		
SIGNATURE			
PRINTED NAME	Donald R. McKenna, Ph.D.		
DATE	11/29/2006	REG. NO.	44,922

CERTIFICATE OF TRANSMISSION/MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being:

Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Transmitted by facsimile on the date shown below to the USPTO, Amendment facsimile number 1-571-273-8300.

SIGNATURE			
PRINTED NAME	Will Sayo	DATE	11/29/2006